

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | | |
|---|---------|------------|--------------|
| PART I LOBBYIST | | | |
| NAME (Last) | (First) | (Middle) | TELEPHONE |
| Chinaka | Michael | T. | 808-848-4161 |
| MAILING ADDRESS (Street) | | | FAX |
| 1525 Bernice Street | | | 808-523-3712 |
| (City) | (State) | (Zip Code) | |
| Honolulu, | HI | 96817-2704 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Bishop Museum | | | 808-848-4161 |
| MAILING ADDRESS (Street) | | | FAX |
| 1525 Bernice Street | | | 808-523-3712 |
| (City) | (State) | (Zip Code) | |
| Honolulu, | HI | 96817-2704 | |

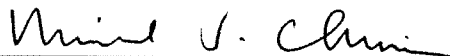
| | | |
|--|---------|--------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| Bishop Museum | | 808-847-3511 |
| MAILING ADDRESS (Street) | | FAX |
| 1525 Bernice Street | | 808-841-8968 |
| (City) | (State) | (Zip Code) |
| Honolulu, | HI | 96817 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Jennifer M.L. Chock Wooton | | 808-847-8269 |
| MAILING ADDRESS (Street) | | FAX |
| 1525 Bernice Street | | 808-541-8968 |
| (City) | (State) | (Zip Code) |
| Honolulu, | HI | 96817-2704 |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

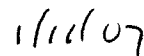
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|--|---|---|--|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)



(Date)

PART V AUTHORIZATION TO LOBBY

| | |
|--------------------|--|
| NAME | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED |
| Jodi Shin Yamamoto | Vice President and General Counsel |

NAME OF ORGANIZATION (if applicable)

Bishop Museum

TELEPHONE

808-847-8216

MAILING ADDRESS (Street)

1525 Bernice Street

FAX

808-841-8968

(City)

Honolulu,

(State)

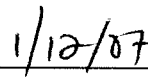
Hawaii

(Zip Code)

96817-2704

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)



(Date)